

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 212

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| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Bonne Terre</u> TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>BONNE TERRE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in lb | | d. STREET ADDRESS <u>121 PARK</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>Rita Marie HIRSCH</u> First Middle Last | | 4. DATE OF DEATH <u>July 2, 1957</u> Month Day Year | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>SEPT. 20, 1954</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | | 9b. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>12</u> Hours <u></u> Min. <u></u> | |
| 10. KIND OF BUSINESS OR INDUSTRY <u></u> | | 11. BIRTHPLACE (City and state or country) <u>BONNE TERRE, Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. FATHER'S NAME <u>JOHN G. HIRSCH JR.</u> | |
| 14. MOTHER'S MAIDEN NAME <u>RITA GAFFNEY</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | |
| 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT <u>JOHN G. HIRSCH - (FATHER)</u> Address <u>BONNE TERRE, Mo.</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull Fracture and Multiple Lacerations</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coroner Jury Verdict: Unavoidable accident - being run over by automobile</u> DUE TO (c) <u>being run over by automobile</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2</u> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Run over by automobile</u> | |
| 20c. TIME OF INJURY Hour <u>6:30</u> Month <u>July</u> Day <u>2</u> Year <u>1957</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) <u>alley near home</u> | |
| 20e. CITY, TOWN, OR LOCATION <u>Bonne Terre</u> COUNTY <u>St. Francois</u> STATE <u>Mo</u> | | 20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21. I attended the deceased from <u></u> to <u></u> and last saw her/him alive on <u></u> Death occurred at <u></u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Dr. G. Miller Coroner</u> | | 22b. ADDRESS <u>Farmington, Mo</u> | |
| 22c. DATE SIGNED <u>7/3/57</u> | | 23a. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Catholic Cem.</u> | |
| 23b. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo</u> | | 23c. DATE RECD. BY LOCAL REG. <u>July 3, 1957</u> | |
| 23d. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u> | | 23e. FUNERAL DIRECTOR <u>Boyer-Benham</u> ADDRESS <u>Bonne Terre, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *P. T. Desloge*

Licensed Embalmer No. 3660

P. O. Address Desloge, M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.